			Underthe [®] ape	U.S. Palient and Trademark Officer U.S. ppp-94 Trademark Officer U.S. ppp-94 Trademark Officer U.S. ppp-94 Trademark of Community of Co					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R., 4618).				Complete if Known					
				ation Number	10/591,333				
FEE TRANSMITTAL				Date	August 31, 2006			*****	
for FY 2009				lemed Inventor	Steven Porter Ho	telling, et al.			
Applicant claims small entity status. See 37 CFR 1.27				ner Name	John E. Chapman				
TOTAL AMOUNT OF PAYMENT (\$) 130.00				it.	2868				
				ey Docket No.	PU040287				
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :									
Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or undergryments of fee(s)									
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
				FEES		ATION FEES			
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entit Fee(\$)	Y Fee(\$)	Small Entity Fee(\$)	Fees Paid (\$)		
Utility	310		510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80	***********	1	
Reissue	310	155	510	255	620	310	*******	1	
Provisional	210	105	0	0	0	0	******		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (\$) Fee (\$) Fach claim over 20 (including Reissues) 50 25									
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							25 105		
Multiple dependent			210 370	185					
Total Claims Extra Claims Fee(\$) Fee Paid						Multiple	e Dependent Clain	ns l	
-20 or	-20 or HP= x = Fee (\$) Fee Paid (\$)								
		aid for, if greater than 20.					***********		
Indep. Claims	Extra (Accommon commonwellar	Fe	e Paid (\$)					
-3 or HP= x									
HP = highest number of independent claims paid for. If greater than 3,									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x ==									
4. OTHER FEE(S)							130.00		
Amendment and Response w/Request for Extension of Time Total:							130.00		
Total.									
SUBMITTED BY									
	1 had ex	· N/122		Registration No.	57.368	Tetroho	one 317-587-4027		
Signature Name (Print/Type)		(Attorney/Agent):	01,200	Date	September 10, 20	10/9			